

Health Department, City of Baltimore.

Permit No. *98573*

Office of Registrar of Vital Statistics.

Ward *17*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 12th / 87*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Hermann Borcharding*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *37* Years, *—* Months, *24* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Laborer* ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *22 years*

Place of Death, { Give Street and Number. } *1527 William St*

Cause of Death, { First (Primary), Second (Immediate), } *Typhoid fever*
Colapex

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore*

Date of Burial, *Mar 14 " 1887*

{ Undertaker, *Barnard Hale* } *C. L. Suddenborn* M. D. Medical Attendant.

{ Place of Business, *115 West St* } Address, *610 S. Pea St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

9857

Office of Registrar of Vital Statistics.

Ward

5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

B

Date of Death, March 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fannie Nelson
Fannie

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. }

619 N. Hallers St

Cause of Death, { First (Primary), Second (Immediate), }

old age

Paralysis

Duration of Last Sickness,

several years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, March 14th 1887

Undertaker, Chas. S. Buttler.

John J. Quinn

M. D.

Medical Attendant.

Place of Business, ^{new} no 510 N. Caroline St

Address, 8004. N. B. Way

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[OVER.]

Health Department, City of Baltimore.

Permit No.

98573

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death,

March 12 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Thornlon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

94 York st

Cause of Death, { First (Primary), Second (Immediate), }

Gastro. Enteritis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 14th 1887

{ Undertaker, C. F. Hraneser

J. W. Webster M. D.

Medical Attendant.

{ Place of Business, 23 Hanover } Address,

106 Banner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

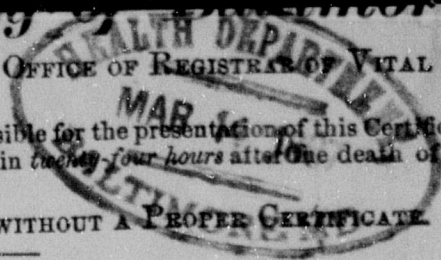
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 98576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 12 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Minger

Sex, Male or Female, { cross out the word not required in this line. }

Age, 26 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, House wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 1190 N. D. Balliest

Cause of Death, { First, (Primary.) Second, (Immediate.) } Child birth
Peritonitis
Seven (7) days

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 15th 1887

Undertaker, A. Pink & Son

Place of Business, 915 N. Gay St Address, 403 N. Broadway

Medical Attendant, A. C. Kullback, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. *9857*

Office of Registrar of Vital Statistics.

Ward *17*

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CERTIFICATE OF DEATH.

Date of Death, *March 12th / 1917*

Full Name of Deceased, *Rosa Schaum*

Sex, *Female*

Age, *3* Years, *3* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birth Place, *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *1832 Bayard St*

Cause of Death, *Mal Nutrition*
Marasmus

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Alfredus cemetery*

Date of Burial, *Mar 14th / 1917*

Undertaker, *B. Harle* *James A. Stearns* M. D.

Place of Business, *West 37th* Address, *Cum gratia*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. L. Seward S. J. [OVER]

Health Department, City of Baltimore.

Permit No. 98578 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 13th - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Shamburger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } none

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Balto. Lifetime

Place of Death, { Give Street and Number. } 216 Emory St

Cause of Death, { First (Primary), Second (Immediate), } Duchenne's Paralysis
Ischemia

Duration of Last Sickness, 10 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 15th 1887

{ Undertaker, Geo Leimbach } Jos Blum M. D. Medical Attendant.

{ Place of Business, 447 W. Pratt St. } Address, 76 Columbia Ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. *98579*

Office of Registrar of Vital Statistics.

Ward *6*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 12 - 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Hofman - Infant*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Margarath Hofman*

Age, *2* Years, *2* Months, *2* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Shentzen Park Bel Air ar*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } *Shentzen Park Bel Air ar*

Cause of Death, { First (Primary), Second (Immediate), } *Washing in cold water*
Pulmonary Congestion

Duration of Last Sickness, *20 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cemetery*

Date of Burial, *March 14th 1887*

Undertaker, *J. H. Leivald* *E. Hall Rutledge* M. D.

Place of Business, *119 S. Eutaw St.* Address, *403 N Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98580

Office of Registrar of Vital Statistics.

Ward 4

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CERTIFICATE OF DEATH

Date of Death, March 12/87

Full Name of Deceased, Catharine Evans
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male ~~Female~~, Cross out the word not required in this line.

Age, 2 Years, 18 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, Balto. Lecturer

Birth Place, State or country, and how long in the United States, if of foreign birth. Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, Give Street and Number. 13 S. Eyster St

Cause of Death, First (Primary), Second (Immediate), Primative lock-jaw of infant 6 months never took nursing only by spoonful
18 days.

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 14th

Undertaker, Evans & Spence

Edna P. M. Decker M. D.
Medical Attendant.

Place of Business, 1000 E. Balto. St Address, 208 Aug. with L

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore

Permit No.

98581

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Mch 13. 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Patrick McElparron

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

59

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Tailor

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ireland

Duration of Residence in the City of Baltimore,

30 yrs

Place of Death,

Give street and number.

No 1 Cloy st, Cor Liberty st

Cause of Death,

First, (Primary.)

Haemorrhage from Lungs

Second, (Immediate.)

Haemorrhage occurred on his way to Church

Duration of Last Sickness,

10 minutes

about 9.30 A.M.

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cem

Date of Burial,

Mch 15th 1887

Arch Atkinson

M.D.,

Medical Attendant.

Undertaker,

New Jenkins Home

Place of Business,

Park & Saratoga

Office

Address,

311 N. Charles st
new no.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98584 Office of Registrar of Vital Statistics. Ward 20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie E. Layfield

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years, 8 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, born

Place of Death, { Give Street and Number. } Silmar St # 817

Cause of Death, { First (Primary), Second (Immediate), } Congestive chills
Coma induced by general congestion

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 14th 1887

{ Undertaker, Denny & Mitchell L. G. Sparrow M. D.
Place of Business, 550 N. Fayette St Address, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]